

VT Health Care Innovation Project Steering Committee Meeting Minutes

Pending Committee Approval

Date of meeting: Wednesday, May 27, 2015; 1:00-3:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions and Minutes Approval	<p>Steven Costantino called the meeting to order at 1:04 pm. Robin Lunge served as Co-Chair in Al Gobeille's absence. A quorum was present.</p> <p>Steven announced a change to the agenda: the Work Group Funding Recommendation will be discussed following the Work Group Policy Recommendation.</p>	
2. Work Group Policy Recommendations	<p>Cathy Fulton presented the Year 2 ACO Shared Savings Program updates (Attachments 1a & 1b).</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> - Hypertension measure will follow the basic recommendation for blood pressure (140/90); hypertension control is critical for stroke prevention. - How do reporting mechanisms account for changes to measures to determine the effectiveness of actually measuring these things? How effective is this measurement? How do changes to measures impact our ability to compare performance across program years? When the evidence changes, we want to make sure that we're in step with national guidelines. We can still track improvement over time by ACO. - There is clinical merit to these changes, but from a collection and use point of view, this simplifies the process. These are easier to collect from EMRs, from VITL, from clinical registries – complex composites are harder to collect and less consistently reported. The D2 component of the diabetes measures is already included in the Year 2 measure set. - These measures are specifically tied to the Medicare Shared Savings Program (MSSP). The ACOs are already measuring these for MSSP. - No provider wants to be measuring something that's not supported by evidence. 	

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	<p>Steven Costantino entertained a motion. Sue Aranoff moved to approve these recommendations by exception. Dale Hackett seconded. Approved with none opposed and Ed Paquin and Deborah Lisi-Baker abstaining.</p>	
<i>Public Comment</i>	<p>No public comments were offered.</p>	
3. Work Group Funding Recommendations	<p>Simone Rueschemeyer presented the HIE/HIT Work Group request for the Shared Care Plan/Universal Transfer Protocol (SCÜP) Project Funding Request (Attachments 3a & 3b).</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> - Business and workflow requirements will precede a discussion of technical requirements. The project team will look at potential solutions after business and workflow requirements are developed. - Current target audience for use: home health, mental health, hospitals – providers in general. - How does 42 CFR Part 2 fit into this? The State has a work group focusing on Part 2 data – no progress yet. Also, waiting for SAMHSA to write rules on this. - Business analyst is proposed to assess what data is currently being shared and what providers would like to see shared. They will look at clinical use cases, business requirements to support the use cases (who/what/when/how) and match this information to what is feasible on the technology side. - Concerns about IT solutions not being able to deliver the required information. Provider input will be a large component of this assessment and be factored into the design phase. - ACOs are also considering how to best support care coordination across settings, and would like to be involved in the discussion and planning over the next few months. - From business and technical points of view, it's essential that providers and staff have a single place to go to get the information they need. The focus of this project is to provide efficiencies and enhance communications in areas where that is lacking. It is not meant to add another administrative burden for providers. - The RFP Phase on slide 3 is a potential recommendation – if the VHIE is capable of providing the technical solution, that is an option the project team will consider. - The final deliverable: Set of needs from the various providers around the State to support smooth care transitions and shared care planning, and an assessment of what is needed to serve the needs and the technical requirements. - The IM21 charter is focused specifically on transitions of care and this next phase would aim to look system-wide and Statewide. - Recommendation to solicit input from the DLTSS work group on this project. Care plans need to be person-directed, which is maybe lost here; though this care plan is different than care plans required by Home- and Community-Based Services waiver rules, Choices for Care, and more. This is a way to let different care providers stay informed about each other's activities. The project team will talk to the DLTSS Work Group 	

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	<p>going forward.</p> <p>Robin entertained a motion. Dale Hackett moved to approve by exception the proposal as stated in the presentation (for \$36,500), with the idea that the project team will report back to the HIE/HIT Work Group and Steering Committee after this phase. Sue Aranoff seconded. The motion passed with one abstention (Richard Slusky).</p> <p><i>Public comment</i></p> <p>No further comments were offered.</p>	
<p>4. Core Team Update</p>	<p>Robin Lunge noted that the Core Team is engaged in a mid-project risk assessment with the Center for Medicare and Medicaid Innovation (CMMI) to assess progress toward our end-of-grant Milestones. One CMMI-required Milestone is to have 90% of population under alternative payment methodologies; currently at ~60%. As a result of this gap, CMMI has asked the leadership team to revise the milestones and tie the current budget to the new milestones. Until the revised milestones are approved, they are holding the approval of nine SIM-related contracts and the revised Year 2 budget.</p> <p>The Core Team engaged in a financial risk mitigation plan which involves putting some contract work under the SIM program on hold. Year 1 Milestones will be made available for the June 1 Core Team meeting and Year's 2 and 3 Milestones will be made available after they are approved by CMMI. Decisions on how SIM Project implementation will support meeting the Milestones will be discussed within the various VHCIP Work Groups, Steering Committee, and Core Team in order to align with the work we're already doing.</p> <p>CMMI has asked for us to identify how the current budget and contract work supports the work of the All-Payer Model.</p> <p>All-Payer Waiver: The State is in a preliminary phase with CMMI and working on financial and data modeling to complete the CMMI "term sheet" (negotiation starting point) related to projections over the next five years. Anticipated completion for the term sheet is late June. This will remain confidential until it is approved, which is expected by the end of the summer. The next phase would be negotiating the waiver terms and conditions, which would go through the end of next year. The draft term sheet would be able to give a broad sense of which providers will be included once it's completed. The term sheet is similar to, but not, an official application. It begins the formal approval process – the outcome, if approved, is a waiver that is signed and treated like a contract.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> - Is the 90% target realistic? This target was assigned to Vermont based on an inaccurate assessment of Blueprint attribution at the time of our original SIM grant application; the State believed it already had 87% 	<p>The related All-Payer Model presentation will be distributed to the group.</p>

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	<p>of attributed lives under the Blueprint, which was not the case. All other SIM states have an 80% target; we will be requesting that this Milestone change to align with other SIM states. A discussion with Health Care Reform leadership and CMMI will take place on June 17th.</p> <p>Georgia Maheras gave an update on the Sub-Grantee Symposium that took place the morning of May 27, which was very successful. The symposium included a discussion with ACO leaders about systems and infrastructure, and a provider panel to talk about work to improve transitions of care at the patient level. Notes will be shared with those who were not able to attend. There will be a second symposium in October involving the second round of sub-grantees.</p> <p>Robin reminded the group that we have reached the spending point in our grant phase where we qualify for an external audit of SIM grant spending. The State's external auditor, KPMG, will be working mostly with internal staff but may be looking at contracts and grants.</p> <p>Public Comment No public comments were offered.</p>	
5. Minutes Approval	Sue Aranoff moved to approve the minutes from the April 29 th Steering Committee meeting by exception. Trinka Kerr seconded. The motion carried with two abstentions.	
6. Updates	<p>Deborah Lisi-Baker presented the DLTSS-Specific Core Competency Curriculum Development and Training proposal (Attachment 4).</p> <ul style="list-style-type: none"> - The focus is an opportunity for physicians to learn about the needs of the DLTSS community. - Ideas and suggestions are welcome from the group and can be sent to Julie Wasserman or Deborah. <p>Public comment No further comments were offered.</p>	
7. Next Steps, Wrap Up and Future Meeting Schedule	Next Meeting: Wednesday, July 1, 2015, 1:00pm-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.	